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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2809 PCT/US
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor	ANSMANN, Achim
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EMOLlient MIXTURE AND USE THEREOF AS A MINERAL OIL SUBSTITUTE

(Title of the Invention)

the specification of which

 is attached hereto

OR

was filed on (MM/DD/YYYY) **03/11/2004** as United States Application Number or PCT International

Application Number PCT/EP2004/002495 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and un-

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or invention.

and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application, filed by the applicant, of the configuration on which he/she/it claims priority.

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/002495	03/11/2004	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name OR	23657	Customer Number or label	
<input type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:			
Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or label	23657	OR	<input type="checkbox"/> Fill in correspondence address below
Name					
Address					
Address					
City	State		Zip		
Country	Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	Achim	Middle Initial		Family Name	ANSMANN		Suffix e.g. Jr.	
Inventor's Signature						Date		
Residence: City	Erkrath	State		Country	Germany	Citizenship	German	
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Post Office Address								
City	40699 Erkrath	State	Zip	Country	Germany	Applicant Authority		
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Type a plus sign (+) inside this box +

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DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet					
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Bettina		Middle Initial		Family Name	JACKWERTH			Suffix e.g. Jr.		
Inventor's Signature						Date					
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Post Office Address											
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Gary		Middle Initial		Family Name	DEE			Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City	Blue Bell		State	PA	Country	USA		Citizenship	Great Britain		
Post Office Address	1749 Hallmann Drive										
Post Office Address											
City	Blue Bell		State	PA	Zip	19422	Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name	Stefan		Middle Initial		Family Name	BRUENING			Suffix e.g. Jr.		
Inventor's Signature						Date					
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Post Office Address											
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Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name			Middle Initial		Family Name				Suffix e.g. Jr.		
Inventor's Signature						Date					
Residence: City			State		Country			Citizenship			
Post Office Address											
City			State		Zip		Country			Applicant Authority	
<input type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto										